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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32484

FILED OCT 23 1948

Registration District No. 107

Primary Registration District No. 3014

Registrar's No. 138

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bresnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 4 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DeKalb ²⁵

(c) City or town Hollywood MO
(If outside city or town limits, write "RURAL")

(d) Street No. Summit
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Curtis Davidson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21
year 1948 hour 1:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-19 1948 to 10-21 1948
that I last saw him alive on 10-21 1948
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 18 - 1948
(Month) (Day) (Year)

Immediate cause of death Submanary Alectasia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months _____ Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Hollywood MO
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

PHYSICIAN

Major findings: Of operations _____

Of autopsy 1616

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business ✓

12. Name John Curtis Davidson

13. Birthplace Hollywood MO
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. M. Davidson

15. Birthplace Madison MO
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Davidson

(b) Address Hollywood MO

17. (a) Burial (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Cem

18. (a) Signature of funeral director Funeral Home

(b) Address Kennett MO

19. (a) 10-22-1948 (b) Curt Davidson
(Date received local registrar) (Registrar's signature) on

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury ()

23. Signature L.C. Wilson (M. D. or other) _____
Address Kennett, MO Date signed 10-22-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 1048-1320

Date Filed 10-25-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.